

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2002 8:00 am**
Secretary of State

01-29-2002 90043 004 ****61.25

DOCUMENT # N00000007171

1. Entity Name

TRUE LOVE COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**8816 OLD PALAFOX ST.
PENSACOLA FL 32543****8816 OLD PALAFOX ST.
PENSACOLA FL 32543**

2. Principal Place of Business

3. Mailing Address

8512 N. Palafox St.**8512 N. Palafox St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, Florida

City & State

PENSACOLA, Florida

Zip

Country

32534 - Escambia

Zip

Country

32534 - Escambia

4. FEI Number

59-3947364

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, GABRIEL A
6020 SONGBIRD DR.
PENSACOLA FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, GABRIEL A	
STREET ADDRESS	6020 SONGBIRD DR.	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	REESMAN, CHARLES	
STREET ADDRESS	9120 BANKS RD.	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, VICKI	
STREET ADDRESS	6020 SONGBIRD DR.	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gabriel A. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2002 (850) 484-9001

Date

Daytime Phone #

CR2E037 (9/01)